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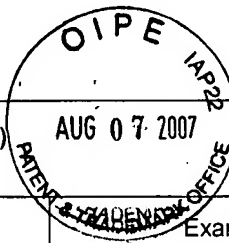
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/619,727	
	<b>Filing Date</b>	July 15, 2003	
	<b>First Named Inventor</b>	Wouter E. Roorda	
	<b>Group Art Unit</b>	1615	
	<b>Examiner Name</b>	Carlos A. Azpuru	
<b>Total Number of Pages in This Submission (excluding references)</b>	14	<b>Attorney Docket Number</b>	50623.211

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (11 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application (___ page)
<input type="checkbox"/> Petition for Extension of Time (___ month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and 2 References (___ pages)	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	August 7, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:			
Typed or printed name	Rebecca M. Klits		
Signature		Date	August 7, 2007



<b>AMENDMENT TRANSMITTAL LETTER</b> (Large Entity)			Docket No. <b>50623.211</b>		
Applicant(s): Wouter E. Roorda et al.					
Serial No. <b>10/619,727</b>	Filing Date <b>July 15, 2003</b>	Examiner <b>Carlos A. Azpuru</b>	Group Art Unit <b>1615</b>		
Invention: Medicated Coatings for Implantable Medical Devices Having Controlled Rate of Release					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24	24	0	X \$50.00	\$00.00
INDEP. CLAIMS	3	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$00.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. <b>07-1850</b> in the amount of \$ _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1850</b> . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: August 7, 2007 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200			 _____ Zhaoyang Li, Ph.D. Reg. No. 46,872		



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Office Application of: Wouter E. Roorda et al.  Serial No.: 10/619,727  Filed: July 15, 2003  Title: Medicated Coatings for Implantable Medical Devices Having Controlled Rate of Release	Examiner: Carlos A. Azpuru   Art Unit: 1615
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 Commissioner for Patents  
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**RESPONSE TO FINAL OFFICE ACTION**

Dear Examiner Azpuru:

This responds to the Office Action dated June 7, 2007.